RFP 4668-0-2016/DH
Exhibit 7

MEDICAL GUIDELINES FOR CITY OF NORFOLK POLICE OFFICERS

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April 1999

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INTRODUCTION

Purpose of Physician's Manual

The purpose of this manual is to aid the examining physician in making judgments concerning the suitability of individuals for the Police Officer position in the City of Norfolk Police Department (NPD). The guidelines included in this manual were developed by a task force of medical specialists (e.g., cardiologists, neurologists) who evaluated the requirements of the essential tasks within this job in relation to specific diseases and conditions in each body system (e.g., cardiovascular). These medical specialists made recommendations regarding the degree of impairment for each disease or condition that would be likely to preclude an individual from safely and effectively performing the job duties of the Police Officer.

The role of the examining physician is to evaluate the individual's health status, determine the etiology of any disease or condition, and make a decision about the individual's suitability for employment from a medical viewpoint. While the medical guidelines are presented in this manual for use in evaluating the individual's health status, you should remember that they are guidelines. Future advancements in medicine may render an appropriate guideline in this manual outdated or no longer justified at a future date. In addition, there may be other valid medical reasons in a given situation for considering an individual who might be rejected based on the guidelines. Therefore, the final decision as to the ability of an individual to perform the essential functions of a job should be based on both the physician's evaluation and these medical guidelines.

The enactment of state and federal laws (e.g., Americans with Disabilities Act of 1990) prohibit discrimination against a qualified individual with a disability in regard to employment decisions. A qualified individual with a disability is a person who satisfies the job-related requirements for the position and can perform the essential functions of the job with or without reasonable accommodations. It is important that the physician evaluate the health status of the individual in relation to the demands of the jobs. The criteria used in the evaluation should be job-related, consistent with business necessity, and not screen out qualified individuals. It will be the responsibility of the physician to assist the NPD in determining whether a reasonable accommodation could be made to enable the individual to perform the essential functions of the job. It is therefore the physician's responsibility to determine whether the individual meets the criteria outlined in the medical guidelines and can perform the essential functions of the job, with or without reasonable accommodations.

While NPD is not required to hire an individual who would be a direct threat to the health or safety of the individual or to others, federal law prohibits the NPD from rejecting an individual solely because of the presence of a disability. An individual may be rejected when there exists a significant risk, in other words a high probability, of substantial harm to the health or safety of the individual or to others.

The medical guidelines presented in this Physician's Manual were developed with the above conditions taken into consideration. To facilitate ease of use, the guidelines are organized by body system (e.g., gastrointestinal) and by classification of diseases/conditions within each body

system. Several conditions (e.g., cancer) are classified under "Other Conditions." The medical guidelines for the Police Officer are presented in the remainder of this manual.

Use of the Guidelines

In using the guidelines, the physician must compare the individual's health status with the level of severity of the disease/condition listed in this manual. The examining physician has the responsibility for using his or her medical expertise and experience to evaluate the individual's medical history and to determine the level of severity of an existing or past disease/condition. Physicians must determine whether the individual is acceptable for hire based on the guidelines and their *medical* judgment. When an individual's symptoms are less severe than those indicated as disqualifying in the guidelines, the disease/condition should not be considered disqualifying. Individuals who are found to have a medical condition that would prohibit or restrict their ability to perform the essential functions of the job are not acceptable candidates for the job, unless some reasonable accommodation can be made. An individual may exhibit a disease/condition that requires further evaluation of the individual's condition or examination by a specialist. In these instances, the examining physician is responsible for identifying the level of severity of the disease/condition by securing and thoroughly reviewing the individual's medical history records (e.g., laboratory tests, x-rays). This may be followed by forwarding these results to a specialist for further evaluation. Results provided by a specialist should be submitted in writing and reviewed by the examining physician who will make the final decision on the candidate's acceptability.

Combinations of diseases/conditions may have an impact on one another and interfere with performance of the essential job functions in a variety of ways that cannot be outlined in this manual. As a result, the effects of a combination of diseases/conditions should be evaluated at the time of the medical examination in terms of the requirements of the job and the severity of the disease or condition. Diseases/conditions not found in this manual should be evaluated in the same manner.

After the *examining* physician completes the evaluation, the NPD should be notified of the findings in writing. If the physician concludes that an individual cannot perform the essential functions of the job, the physician should advise the NPD of any accommodations that could be made to enable the individual to perform the essential functions of the job. The *examining* physician can then work with the NPD to determine whether the accommodation is reasonable.

The *Description of the Police Officer Position* outlines the types of tasks performed in the jobs. A complete listing of the essential job tasks is located in Appendix A. The physician's medical evaluation of an individual must be based on these job requirements, the medical guidelines, and the physician's medical judgment.

Preparation

Prior to conducting the medical examination the examining physician should carefully review the job description and essential job tasks performed by Police Officers. It is important to examine the medical guidelines prior to examining an individual. The time and effort spent by the

physician in using this manual will ensure that the evaluation of an individual is based on job-related information. The medical guidelines for the Police Officer are presented in the next section (page 5) of the manual. When evaluating the individual, review the history of the disease/condition for the past year if not specifically stated in the medical guidelines.

Description of the Police Officer Position

Police Officers engage in activities that are classified into the following categories: lift/carry, push/pull, climb, bend/stoop, run/walk, stand, sit, drive, write, vision, comprehend/read, and communicate. These individuals are responsible for making arrests, running to pursue suspects, conducting crowd and traffic control, driving vehicles, using firearms (e.g., training, qualification), searching buildings for suspects, and operating computers and radios. The physical demands of essential job tasks range from sedentary to arduous. The Police Officers are required to read and compare violations to the legal codes, to monitor activities of a suspect, and identify individuals based on previous descriptions. They must communicate with citizens, suspects, and other officers to exchange and gather information. A detailed listing of the essential job tasks is located in Appendix A of this manual.

Summary

The examining physician should carefully review the information related to the job tasks performed by the Police Officer. It is also important to review the guidelines outlined in the Medical Guidelines section of this manual prior to examining an individual. The time and effort spent by the physician in using this manual will ensure that the evaluation of an individual's suitability for the Police Officer position is based on job-related information.

MEDICAL GUIDELINES

Abnormalities of Ear Canal (e.g., stenosis)	Accept with mild stenosis (e.g., 2–8 mm). Evaluate moderate stenosis and atresia in relation to hearing loss and localization.
Chronic Otitis Externa	Accept if history of acute otitis externa, presently asymptomatic. Accept if presently under medical treatment with symptomatic (e.g., draining) unilateral or bilateral otitis externa; OR refer for medical treatment before hire.
Chronic Otitis Media	Evaluate with history of perforated eardrum, medically treated or surgically repaired; or central and marginal perforations and cholesteatomas in relation to hearing guidelines and equilibrium disorders.
Equilibrium Disorders	Accept with history of one attack of vertigo that lasted two hours to two weeks (vestibular neuronitis or labyrnthitis) with no residual effects for more than one year. Evaluate with history of one attack of vertigo less than one year ago with no residuals and determine if episode was true vertigo; successfully controlled Meniere's disease (e.g., medication, surgery); OR history or presence of benign paroxysmal (positional) vertigo. Determine position that triggers vertigo and compare to positions required to perform job tasks. Audiogram and nystagmography may be required. Disqualify if history of recurrent (e.g., 3 or more in one year) attacks of vertigo; or symptomatic Meniere's disease.

Eustachian Tube Obstruction (bilateral or unilateral)	Accept with history of frequent ear pain, pressure, or fullness while flying or scuba/skin diving (recurring barotitis media). Evaluate hearing loss if persistence of fluid or hemorrhage in middle ear (serous otitis media) is present. Refer for treatment if fluid causes hearing loss greater than guideline for hearing acuity.
Hearing Loss – Bilateral (without hearing aid)	Bilateral testing should be conducted at 500, 1000, 2000, 3000, 4000, and 6000 Hz (4000 and 6000 Hz are included to allow for tracking of future hearing loss). Accept if uncorrected bilateral hearing loss is less than or equal to 25 dB for the average of the following frequencies: 500, 1000, 2000, and 3000 Hz; and no greater than a 45 dB loss at 4000 and 6000 Hz in either ear. The difference in hearing levels between the better ear thresholds and worse ear thresholds may not exceed 15 dB for the average of 500, 1000, 2000, and 3000 Hz, only. If the difference in hearing levels between the better ear and worse ear exceeds 30 dB at 4000 or 6000 Hz only, refer to audiologist for evaluation of localization ability in noisy environment. Disqualify if uncorrected hearing loss with both ears exceeds 25 dB for the average of the following frequencies: 500, 1000, 2000, 3000 Hz and greater than 45 dB loss at 4000 and 6000 Hz in either ear; or if the difference between the thresholds for each ear exceed 15 dB for the average of 500, 1000, 2000, and 3000 Hz. Use of hearing aid is not allowed.

Tinnitus	Evaluation by audiologist is required to determine the impact on hearing acuity and history of equilibrium problems. Accept if meet hearing and equilibrium requirements.
External Tumors	Accept with history of benign lesion surgically removed, asymptomatic benign lesion, or sebaceous cyst, if meets hearing qualifications. Evaluate hearing loss if symptomatic lesion (e.g., pain, obstruction) is present.

Arrhythmia	
Supraventricular Arrhythmia	Accept with history or presence of non-sustained supraventricular arrhythmia which is asymptomatic (with or without medication). Evaluate (e.g., event monitor, stress test, Holter monitor) with recent history or presence of sustained supraventricular arrhythmia (with or without medication or ablation); or symptomatic supraventricular arrhythmia without central nervous system symptoms, angina, or hemodynamic compromise. Disqualify with recent history or presence of sustained supraventricular arrhythmia which is symptomatic (e.g., central nervous system symptoms, angina, hemodynamic compromise).
Ventricular Arrhythmia	Accept with history or presence of low or higher grade ventricular ectopy (couplets, R-on-T, or multiform) without clinical history or objective evidence of heart disease. Evaluate (e.g., stress test, Holter monitor, echocardiogram, electrophysiologic study) if there is a history or presence of heart disease with lower grade arrhythmias for severity of arrhythmia and underlying disease; OR history or presence of non-sustained asymptomatic ventricular tachycardia on resting EKG without syncope, and without clinical history or objective evidence of heart disease. Disqualify with history or presence of non-sustained ventricular tachycardia on resting EKG with central nervous system symptoms, angina, or hemodynamic compromise; OR syncope with ventricular arrhythmia; OR presence of sustained ventricular tachycardia.

Heart Block and Bradycardia	Accept asymptomatic 1st degree A–V block less than .30 seconds; isolated left anterior hemiblock; and/or sinus bradycardia not less than 40 bpm. Accept with presence of asymptomatic Wenckebach; complete right bundle branch block. Evaluate with 1st degree A–V block greater than .30 seconds; 1st degree A–V block with complete bundle branch block; left bundle branch block; right bundle branch block with fasicular block; sinus bradycardia with resting heart rate less than 40; or asymptomatic sinus pauses of less than 3 seconds. If heart disease present, refer to appropriate category. Evaluate pacemaker to ensure function is appropriate for demands of job and does not produce symptoms. Routine electronic pacemaker evaluation is needed. Disqualify if sinus pauses greater than 3 seconds, complete heart block, or Mobitz type II A–V block with or without symptoms (e.g., CNS, angina, hemodynamic compromise), in the absence of a pacemaker.
ST–T Segment Alteration	Evaluate for underlying cause for ST–T segment alterations. If evaluation indicates ST–T wave changes are related to another type of EKG abnormality or to heart disease, refer to condition (e.g., bundle branch block, mitral valve prolapse) for disqualifying level.

Wolff–Parkinson–White (WPW) Syndrome	Accept with history of WPW and with documented successful ablation of bypass track. Evaluate asymptomatic WPW for potential lethal arrhythmia and ablation. Disqualify if symptomatic or with history of atrial fibrillation, rapid supraventricular arrhythmia, or ventricular fibrillation.
Coronary Heart Disease	
Angina	Evaluate with history of chest pain without prior diagnosis of coronary heart disease or angina pectoris. Disqualify if angina produced by ordinary daily physical activity such as walking and climbing stairs or by strenuous, rapid, or prolonged exertion at work or recreation (New York Heart Association Class II).
Coronary Artery Surgery (post operative) or Percutaneous Transluminal Coronary Angioplasty (PTCA)	Evaluate (e.g., maximal stress radionuclide study) if 6 months post angioplasty or 3 months post bypass surgery and no angina present; sternum and graft harvest sites are healed. If accepted, annual evaluation needed. Disqualify if less than 6 months post angioplasty, or 3 months post bypass, or with continued evidence of ischemic ST–T segment depression upon evaluation; or incomplete relief of symptoms (e.g., angina, shortness of breath) with medication. Disqualify with non–union of sternum.

Myocardial Infarction (History of)	Evaluate with history of well documented uncomplicated myocardial infarction, or EKG evidence of infarction, for residual ischemia and left ventricular dysfunction by using MUGA (multiple gaited acquisition) or echocardiogram; and/or with cardiac catheterization; and/or a maximal stress radionuclide (sestimibi or thallium) study. Disqualify with evidence of angina, ischemic ST-T segment depression on stress test, moderate left ventricular dysfunction (e.g., ejection fraction ≤ 40-45%), coronary disease on cardiac catheterization in other than the infarct-related vessel; or reversible ischemia on stress radionuclide study.
Heart Muscle and Pericardium	
Cardiomyopathy	Accept with history of cardiomyopathy without residual symptoms or signs. Evaluate asymptomatic cardiomyopathy with physical or laboratory evidence of left ventricular dysfunction (e.g., S3 gallop, peripheral edema, enlarged ventricle). Disqualify with symptomatic cardiomyopathy with physical or laboratory evidence of left ventricular dysfunction (e.g., S3 gallop, peripheral edema, enlarged ventricle).
Myocarditis	Evaluate and accept with history of myocarditis without residual symptoms or signs. Evaluate history of myocarditis with physical or laboratory evidence of left ventricular dysfunction. Disqualify with symptomatic myocarditis with physical or laboratory evidence of left ventricular dysfunction, or if in acute stage.

Pericarditis	Accept with history of pericarditis, without residual symptoms or signs; and no history of recurrence. Evaluate with more than one episode of pericarditis or residual signs or symptoms. Disqualify if in acute stage.
Hypertension *Note: At least two blood pressure measurements should be taken on different days with the individual in a supine or seated position. Verification in the contralateral arm is recommended.*	Accept if blood pressure readings are equal to or less than 140/90 with or without medication, and ***none*** of the following are present: hypertensive end organ damage, urinalysis and renal function test abnormalities, history of hypertensive cerebrovascular damage, congestive heart failure, evidence of left ventricular hypertrophy, or hypertensive abnormalities of optic fundus. Evaluate if diastolic pressure ranges from 90–105 mm Hg and/or systolic is greater than 140 mm Hg to less than or equal to 160 mm Hg with or without medication, and *none* of the following are present: hypertensive end organ damage, urinalysis and renal function test abnormalities, history of hypertensive cerebrovascular damage, congestive heart failure, evidence of left ventricular hypertrophy, or hypertensive abnormalities of optic fundus. Disqualify if diastolic pressure ranges from 105–120 and/or systolic is greater than or equal to 160 mm Hg with or without medication; and/or examination reveals one of the following: proteinuria and abnormalities in the urinary sediment and no impairment of renal function, history of hypertensive cerebrovascular damage without residuals, evidence of left ventricular hypertrophy, or hypertensive abnormalities of optic fundus (e.g., grade 2 or greater).

Aortic Regurgitation	Accept after evaluation with mild aortic regurgitation by doppler echocariography or cardiac catheterization; and there is no objective evidence of left ventricular dilatation by echocardiography. Disqualify with objective evidence of left ventricular dilatation by echocardiography; and/or severe aortic regurgitation by doppler echocardiography or cardiac catheterization.
Aortic Stenosis	Accept after evaluation that shows an aortic flow murmur with no objective evidence of left ventricular dilatation by echocardiography or chest X–ray; or if doppler echocardiography or cardiac catheterization shows objective evidence of only mild aortic stenosis. Disqualify with severe aortic stenosis by doppler echocardiography or cardiac catheterization; or objective evidence of left ventricular hypertrophy with dilatation.
Atrial and Ventricular Septal Defect	Accept with evaluation by specialist if asymptomatic or post–operative with no symptoms. Disqualify if dyspnea, limited exercise capacity, chronic fatigue, or congestive heart failure are present with or without surgery and/or objective evidence of cardiac enlargement exist.

Mitral Regurgitation	Accept with evaluation by specialist if asymptomatic with no evidence of left ventricular dilatation by echocardiography; and/or mild or moderate mitral regurgitation by doppler or cardiac catheterization without evidence of congestive heart failure. Disqualify if symptomatic with objective evidence of left ventricular dilatation by echocardiography; or if severe mitral regurgitation by doppler or cardiac catheterization; or symptoms of congestive heart failure with medication.
Mitral Stenosis	Accept after evaluation by specialist if asymptomatic with mild stenosis. Disqualify with severe mitral stenosis and/or with symptomatic stenosis of any degree (e.g., mild dyspnea on exertion, fatigue, congestive heart failure, or objective evidence of pulmonary hypertension).
Mitral Valve Prolapse	Accept, but if arrhythmia or mitral regurgitation are present refer to those disorders and to specialist for evaluation.
Other Congenital Heart Disease	Other congenital heart conditions must be evaluated by a specialist in relation to the individual's ability to perform the job tasks.
Valvular Treatment and Replacement	
Anticoagulation Therapy (e.g., coumadin, warfarin, heparin; does not include aspirin)	Evaluate with history of or current short term use of anticoagulant. Disqualify if currently under long term anticoagulant usage.

Cardiac Valve Replacement	Evaluate if asymptomatic. Disqualify if symptomatic (e.g., dyspnea, fatigue, chest pain, congestive heart failure). Disqualify with non-union sternum.
Vascular Disease	
Aortic Aneurysm (Thoracic or Abdominal)	Evaluate with history of previous successful repair and asymptomatic. Disqualify with small (e.g., 2–3 cm) or large aneurysm (e.g., 4–5 cm) present with or without symptoms.
Carotid Artery Disease	Evaluate if bruit is present or history of successful repair. Accept if asymptomatic without objective (e.g., doppler) evidence of significant reduction in blood flow; or a successful repair. Disqualify if bruit present and with significant reduction in blood flow of greater than 70%; and/or if bruit present with history of transient ischemic attack (TIA) or cerebrovascular accident.
Peripheral Vascular Disease–Arterial	Accept if asymptomatic with evidence of peripheral arterial disease (e.g., femoral bruit). Disqualify if there is evidence of peripheral arterial disease with symptoms (e.g., claudication).
Peripheral Vascular Disease–Venous	Accept if varicose veins are present without peripheral edema. Evaluate with history of successfully treated thrombophlebitis. Disqualify with moderate peripheral edema (e.g., greater than 1+ edema); or if history of recurrent thrombophlebitis or severe venous insufficiency.

Adrenal Gland Hyperactivity Hyperplasia Hypercortisolism Adrenal Gland Tumor	Accept with medical history and/or surgical treatment and without objective evidence of disease. Disqualify with hypertension (diastolic 90–100) with/without treatment, mild symptomatic myopathy, and osteoporosis (asymptomatic but radiographically present).
Diabetes Mellitus	Accept with documentation of control (3 months) with diet and oral hypoglycemic agents and fasting blood sugar ≤140/deciliter or hemoglobin A1–C not greater than 2 mg/dl of upper limit of laboratory's normal level (e.g., 6–8 mg/dl); and no history of documented hypoglycemia with blood sugar less than 60. Evaluate if controlled with diet and insulin with fasting blood sugar ≤140 or hemoglobin A1–C not greater than 2 mg/dl of upper limit of laboratory's normal level (e.g., 6–8 mg/dl); and infrequent (e.g., ≤2/year) symptoms of hypoglycemia without blood sugar less than 60. Hire if adult onset, Type II diabetes, with no history of hypoglycemia and/or ketoacidosis. Detailed investigation of hypoglycemia required if hemoglobin A1–C is within normal ranges. Thorough investigation of diabetes history since onset is required. Disqualify with frequent blood sugar irregularities and hemoglobin A1–C > 8, and/or fasting blood sugar >140; recent (e.g., 1 year) history of episodes of ketoacidosis, hypoglycemic coma, or hyperosmolar coma (attain through current medical records); or signs or symptoms of target organ damage (e.g., eyes, kidney, neurological system) present.

Euthyroid Goiter	Accept with mild neck compression, not functionally impaired, and surgery not required. Evaluate with moderate neck compression, not functionally impaired. Disqualify with severe neck compression, whether or not functionally impaired, surgery may be required.
Gout	Accept if minimal, asymptomatic, and controlled, with or without medication. Disqualify if arthralgia or arthritis are present with or without joint changes and with mild to moderate symptoms even with medication; functional limitation in use of hands and/or with ambulation.
Hyperparathyroidism	
Hypercalcemia	Accept if asymptomatic, treated with medication or surgery and if serum calcium is normal or slightly elevated (>11.0) and stable for at least one year. Disqualify if serum calcium is elevated with history of mild to severe gastrointestinal disturbances; or history of a pathological bone fracture, kidney stones, and/or minimal to mild mental disturbances.

Hyperthyroidism	
(Toxic Goiter)	Accept if asymptomatic and euthyroid with or without prescribed medication. Evaluate with abnormal thyroid function studies, weight 15–20% below usual body weight, heat intolerance, mild tremors, and/or resting pulse not greater than 110; presently under treatment and improving. Use current medical records for evaluation. Disqualify with severe symptoms such as weight 20–30% below normal body weight, symptomatic arrhythmia with moderate impairment (e.g., dyspnea on exertion, palpitations), moderate tremors, and/or resting pulse greater than 110.
Hypocortisolism	Evaluate if asymptomatic, controlled by medication, and stable for one year. Disqualify with mild symptoms such as weakness, weight loss, hypotension, severe electrolyte imbalance, and/or hypoglycemia.
Hypoparathyroidism	
Hypocalcemia	Evaluate if asymptomatic with medication and with normal ionized calcium and stable for one year. Disqualify if symptomatic (psychological, gastrointestinal disturbances) or history of recurring tetany and difficulty in maintaining satisfactory calcium balance.

Hypothyroidism	Accept if asymptomatic and chemically euthyroid with medication. Evaluate if mild weight gain, mild mood changes, and/or mild lethargy and abnormal TSH are present. Disqualify with above normal body weight, leg edema, moderate cold intolerance, moderate myopathy, and/or mild mental disturbances. After treatment to euthyroid, then acceptable.
Panhypopituitarism	Evaluate if asymptomatic with medication. Disqualify if symptomatic with or without medication.
Pituitary Tumors	Accept with history of tumor one year post therapy; asymptomatic without medication and with normal physical examination including end organs. Evaluate if tumor treated less than one year ago with medication, radiation, or surgery, and presently asymptomatic with or without medication. Evaluate the symptoms (e.g., visual field, motor, or sensory loss) and findings according to job tasks in relation to the glands that are affected. Disqualify if symptomatic with or without treatment (e.g., medication, radiation, surgery).

Diseases/Disorders of Upper Gastrointestinal Tract	
Gastritis	Accept with history and/ or repeated attacks of gastritis controlled by medication. Disqualify if chronic gastritis, poorly controlled by medication.
Gastroesphogeal Reflux Disease (GERD)/Hiatal Hernia	Accept if intermittently symptomatic and responds well to treatment (e.g., antacids and/or other medication). Disqualify if severe, chronic symptoms with complications, such as chronic esophagitis or esophageal strictures.
Hernia Inguinal Umbilical Ventral	Accept if asymptomatic; dilated ring may be present, or with history of no more than two hernia repairs and post–operative by three months, healed and asymptomatic. Disqualify with unrepaired hernia and defer hiring with recommendation for repair
Pancreatitis (acute or chronic)	Accept with history of pancreatitis greater than two years prior, presently asymptomatic. Evaluate with history of a single episode of pancreatitis within past two years; presently asymptomatic. Disqualify with history of recurrent episodes of pancreatitis within the past two years.

Peptic Ulcer Disease	Accept with history of documented ulcer disease and presently asymptomatic with or without medication. Evaluate with intermittent symptoms (e.g., pain, nausea, helecobactor disease), despite medication. Disqualify with severe, chronic, and/or recurrent symptoms.
Diseases/Disorders of the Liver and Biliary Tract	
Cirrhosis	Evaluate with history or objective evidence of cirrhosis such as history of jaundice, ascites, or bleeding, esophageal or gastric varices, without recurrence or exposure to toxin within the last year, presently asymptomatic. Disqualify with objective evidence of cirrhosis with persistent liver function abnormalities, jaundice, and ascites; or history of bleeding or esophageal or gastric varices within the last year, and/or with continued exposure to toxin; or with or without CNS system or manifestations of hepatic insufficiency.
Gallbladder Disease	Accept if asymptomatic. Evaluate recent cholecystectomy (<1 month if laparoscopic cholecystectomy; <3 months post cholecystectomy). Disqualify if acute cholecystitis is present, with or without gallstones.

Hepatitis (History of Acute or Chronic)	Accept with history of hepatitis, asymptomatic with normal enzymes. Evaluate with history of hepatitis, asymptomatic with stable and improving transaminitis for greater than one year. Disqualify with biopsy proven chronic persistent or aggressive hepatitis with abnormal enzymes; or if infectious.
Other Liver Disease (e.g., fatty liver, hepatomegaly, primary biliary cirrhosis)	Accept with objective evidence of liver disease if asymptomatic and treatment unnecessary. Evaluate if symptomatic with objective evidence of liver disease.
Diseases/Disorders of the Colon, Rectum, Anus	
Anal Fissure	Accept if healed and asymptomatic, or if occasional pain and/or bleeding responding to medical management necessary. Disqualify if active or if chronic with frequent pain and surgical intervention necessary.
Diverticulosis/Diverticulitis	Accept with history of diverticulitis requiring medical intervention, presently asymptomatic. Evaluate with history of recurrent diverticulitis requiring medical intervention or surgery, presently asymptomatic. Disqualify with history of diverticulitis, treated, and presently symptomatic (e.g., severe abdominal pain).
Fistula	Accept with history of successful surgery and asymptomatic. Evaluate if episodically symptomatic and does not require surgery. Disqualify if chronically symptomatic and requiring surgery.

Hemorrhoids	Accept with occasional bleeding and/or pain. Disqualify with frequent and recurrent episodes of pain and bleeding requiring medical management and/or surgery.
Inflammatory Bowel Disease (e.g., colitis)	Accept if presently asymptomatic and no ostomy. Evaluate for stability of disease. If ostomy (e.g., colostomy, colectomy, or ileostomy) present, evaluate ability to perform job tasks. Disqualify if moderate to severe exacerbations with disturbance of bowel habit, accompanied by frequent or continual pain, restriction of activity, medication, or constitutional manifestations (fever, anemia, or weight loss).
Irritable Bowel Syndrome	Accept if asymptomatic or with minimal symptoms (e.g., abdominal pain, irregular bowel habits) requiring dietary management. Evaluate if frequently symptomatic and/or requiring medical management.
Pilonidal Cyst	Accept with history of surgery and asymptomatic, or if episodically symptomatic and surgery is not required. Disqualify if chronically symptomatic and if surgery is required.

Dysmenorrhea	Accept if no more than mild pain requires medical management (e.g., non–narcotic analgesic, oral contraceptives). Evaluate with moderate pain requiring medical management (e.g., non–narcotic analgesic, oral contraceptive) and which is occasionally disabling. Evaluate severity of pain and how it impacts work and daily activities. Disqualify if severe pain requires medical management and/or surgery and if narcotic medications are frequently used for relief.
Endometriosis	Accept with mild symptoms requiring non–narcotic analgesic or oral contraceptive treatment. Evaluate with moderate symptoms (e.g., severity and length of pain) requiring medical treatment (e.g., frequent use of non–narcotic analgesics, suppressive therapy). Disqualify if symptomatic and requiring surgery or if narcotic medications are regularly used for pain relief.
Lower Urinary Tract Disorders Cystitis Cystoceles/Rectoceles in Prolapse Neurogenic Bladder Bladder Tumors Urethritis	Accept with history of lower urinary tract disease or with recurrent symptoms or signs of lower urinary disease/disorder without chronic or persistent dysfunction. Evaluate with symptoms and findings of lower urinary tract disease/disorder requiring continuous treatment with persistent dysfunction.

Lower Urinary Tract *continued*	Evaluate how dysfunction (e.g., urinary bag) affects job tasks. Disqualify with severe disease resulting in pain and/or dysfunction, requiring medical or surgical treatment.
Male Genital Disorders Epididymitis Hydrocele Varicocele	Accept if asymptomatic. Disqualify if symptomatic (e.g., pain) or with marked enlargement requiring surgery; or interferes with job tasks.
Menometrorrhagia	Accept with history, treated, and asymptomatic for 3 months. Evaluate if recurrent excessive menstrual bleeding or inter–menstrual bleeding occurs, with or without the use of medical intervention. Disqualify if excessive menstrual bleeding or inter–menstrual bleeding requiring surgery.
Pelvic Inflammatory Disease (PID)	Accept with history of recurrent PID, presently asymptomatic for one year. Evaluate with PID that is chronic and episodically symptomatic. Disqualify with acute or chronic symptomatic PID requiring hospitalization or surgery.
Pregnancy	Each case must be evaluated on an individual basis. Individual must take listing of essential job duties and tasks to physician (e.g., OBGYN) to obtain a certificate of clearance for participation in job duties.

Prostate Disorder	Accept with history of prostate disorder and/or urinary retention, presently asymptomatic. Disqualify if chronically symptomatic, possibly requiring surgery.
Renal Calculus	Accept with history of recurrent episodes of nephrolithiasis, presently asymptomatic. Disqualify if symptomatic.
Renal Dysfunction (Chronic)	Accept with history of renal disease presently asymptomatic without known dysfunction and with normal BUN, serum creatinine, and urine analysis. Evaluate with history of kidney disease, asymptomatic with mildly abnormal but stable kidney function (e.g., serum creatinine <2, creatinine clearance ≥50 cc/min.). Evaluate with successful kidney transplant; 6 months post surgery. Determine whether use of immunosuppressors are contraindicated in existing working conditions. Disqualify if symptomatic and/or significant renal dysfunction (serum creatinine ≥2 and creatinine clearance of <50 cc/min or less). Disqualify if on peritoneal dialysis or hemodialysis.
Uterine Fibroids	Accept with asymptomatic fibroids or history of surgery more than six months ago. Evaluate if symptomatic requiring medical management. Disqualify if symptomatic requiring surgery.

Cancer	
Basal and Squamous Cell Carcinoma	Accept with history of basal or squamous cell carcinoma that has been adequately treated. Evaluate if basal or squamous cell carcinoma is present and requires treatment. If metastases are present see Cancer in Other Conditions section of the guidelines.
Cutaneous T Cell Lymphoma (e.g., Mycosis Fungoides)	Evaluate with history of mycosis fungoides presently in remission or if involvement is limited to the skin and does not interfere with function. Disqualify if systemic involvement and/or skin involvement interferes with function, or if localized complications such as fissuring, weeping, or ulcerations are present.
Melanoma	Accept with history of melanoma removed more than five years ago with no signs of recurrence. Evaluate with history of treated melanoma within the last five years; or with primary lesion and asymptomatic with no systemic involvements. Also see Cancer in Other Conditions section of the guidelines. Disqualify with regional recurrence (e.g., lymph nodes) or systemic involvement.

Collagen Vascular Diseases

Lupus Erythematosus	Accept with history of non–systemic lupus erythematosus or discoid variety erythematosus and can be protected by sun screen. Evaluate if cutaneous lupus (e.g., discoid) is present with no limitation of function; or if inactive systemic or inactive subacute cutaneous lupus present which may or may not be protected by sun screen and does not require immunosuppressive medication for systemic lupus. Disqualify with active systemic or active subacute cutaneous lupus which cannot be protected by sun screen and results in functional impairment; or using immunosuppressive medication. If other levels of lupus are present, see Collagen Vascular Disease in the Musculoskeletal section.
Raynaud's Phenomenon	Accept with occasional transient or autonomic instability resulting in brief periods (e.g., 5–10 minutes) of vasoconstriction of end arteries and no functional limitation. Evaluate if localized Raynaud's to fingers and toes; or if functional limitation of hands and or/feet when exposed to cold and lasting 15 minutes or more after warming. Disqualify with mild to severe systemic involvement of skin, muscles, heart, lungs, or joints.
Scleroderma	Accept with localized or circumscribed plaques with no systemic involvement and no loss of function.

Scleroderma *continued*	Evaluate with localized or circumscribed plaques or linear involvement, with no systemic involvement and minimal to no loss of function. Disqualify with localized or circumscribed plaques or sclerodactyly present with significant loss of function, with or without systemic involvement.
Vasculitis/Phlebitis/Purpura	Evaluate with history of recurrent bouts of vasculitis (systemic or non-systemic), presently asymptomatic; or if lesions present with minimal loss of function and without systemic involvement or leg swelling. Disqualify if skin lesions are present with leg swelling and moderate loss of function; or with systemic involvement.
Dermatitis	
Atopic Dermatitis/Eczema	Accept with history of atopic dermatitis with less than 50% of body involvement and asymptomatic within the last three years. Evaluate with history of atopic dermatitis/eczema within the past year and presently clear; or if presently involves up to 25% of the body (e.g., flexure areas), responds well to lubrication/medication, and has minimum affect on daily living. Evaluate if 26–50% of the body is involved with redness and scaling, requiring substantial time (e.g., 10 minutes twice daily) to apply lubrication/medication. Disqualify if 51% or greater of the body is involved with redness and scaling, requiring substantial time to apply lubrication/medication and has an effect on performance of daily tasks.

Contact Dermatitis	Evaluate to determine if allergen present in workplace and ability to avoid allergen. Accept if allergen avoidable or occasional exposure involves localized areas with temporary minimum symptoms of redness, scaling, itching, or minimal blistering. Evaluate if contact dermatitis results in frequent relapses or prolonged disability. Disqualify if contact dermatitis involves critical body part (e.g., eyelids) with severe blistering, itching, or swelling causing pain and weeping of the skin, or is frequently encountered in the working environment where minimal exposure leads to severe reaction.
Foot Eczema	Evaluate to determine whether foot eczema is caused by allergic contact dermatitis or shoe allergens. Accept if foot eczema is limited to small localized areas of the feet with minimal or no loss of function. Evaluate for frequency and severity of occurrence if eczema involves several areas of the feet causing moderate loss of function (mild pain on walking, fissuring). Disqualify if foot eczema causes significant loss of function (e.g., weeping, blistering, severe pain on walking).

Hand Eczema	Evaluate to determine whether hand eczema is caused by allergic contact dermatitis. Accept if hand eczema is limited to one finger or localized area of the hand with minimal or no loss of function. Evaluate with eczema that involves one or several fingers of the hand with moderate loss of function. Disqualify if hand eczema involves several fingers or areas of one or both hands with moderate loss of function.
Seborrheic Dermatitis	Accept if seborrheic dermatitis is present with localized involvement of the scalp, face chest, axilla, or groin and with no loss of function. Evaluate if widespread or severe involvement causes some loss of function. Disqualify if widespread or severe involvement causes severe loss of function (e.g., erythroderma). (Note: This condition may be confused with psoriasis.)

Stasis Dermatitis	Accept if minor swelling around ankle with scaling, redness and mild itching are present with a minimal loss of function (e.g., use of compression stockings). Evaluate if moderate swelling with redness, scaling, itching, weeping, and/or cracking with pain are present, with moderate loss of function (e.g., cannot stand for long periods of time). Disqualify if ulceration is present with moderate to severe swelling requiring constant treatment, and with significant loss function or recurrent bouts of stasis dermatitis. **OLD:** Evaluate with minor swelling around ankle with scaling, redness and mild itching are present with a minimal loss of function (e.g., use of compression stockings). Disqualify if moderate swelling with redness, scaling, itching, weeping, and/or cracking with pain are present, with moderate loss of function (e.g., cannot stand for long periods of time); or with ulceration with moderate to severe swelling requiring constant treatment; significant loss function.
Genetic Conditions	
Albinism Dariers Disease Ichthyosis Marfan's Syndrome Neurofibromatosis Other Genetic Conditions	Evaluate if minimal to moderate signs and symptoms of skin disorder are present; limitation in function may be present; direct or indirect exposure to ultraviolet rays or temperature extremes may aggravate the condition. Evaluate for other systemic organ involvement (e.g., cardiopulmonary endurance, CNS). Disqualify if signs and symptoms of skin disorder are severe with continuous treatment and functional limitation is present.

Infections (Bacterial, Fungal, Viral)	
Folliculitis/Pseudo–folliculitis /Miliaria/Keloid Folliculitis	Accept if presently involves a limited body area that does not interfere with function and responds well to medical treatment. Evaluate if chronic and interferes with function; folliculitis may or may not respond to medical treatment.
Fungal Infections	Accept if infection involves a body area that does not interfere with function and if it responds to medical treatment. Evaluate with history of chronic fungal infection that involves an area of the body that interferes with function and responds to medical treatment. Disqualify if chronic infection involves a body area that interferes with function and does not respond to medical treatment (i.e., mucocutaneous candidiasis, systemic fungal infections in immuno–compromised individuals).
Hidradenitis Suppurativa, Furuncles, Carbuncles, Grade IV Acne (cystic)	Accept with history of hidradenitis suppurativa, furuncles, carbuncles, or grade IV acne and presently asymptomatic; or if active disease responds to medication and does not interfere with function. Evaluate active hidradenitis suppurativa, furuncles, carbuncles, cystic acne, dissecting cellulitis for severity and frequency of occurrence when it interferes with function, but responds to medication. Disqualify with active hidradenitis suppurativa, furuncles, carbuncles, or grade IV acne (cystic) that interferes with function, and which does not respond to medication.

Mechano–Bullous Disorders	
Epidermolysis Bullosa Hailey–Hailey Pemphigus Porphyria	Evaluate with history of mechano–bullous disorder, presently asymptomatic, and can tolerate moderate exposure to aggravating agent (e.g., friction) with only minimal loss of function. Evaluate with active blistering that results in minor loss of functions. Disqualify if active blistering is present resulting in moderate loss of function with moderate exposure to aggravating agent; or if exposure to aggravating agent cannot be tolerated and cannot be prevented by work place/equipment modification.
Papulosquamous Conditions	
Psoriasis (without arthritis)	Accept if history of psoriasis, or if plaques involve up to 50% of the body with minor or no functional limitation. Evaluate if plaques involve greater than 50% of the body with only minor to moderate limitations. Disqualify if widespread or localized plaques lead to severe loss of function.
Urticaria (e.g., hives, physical [e.g., vibration, pressure, temperature, solar], angio–edema)	Accept if history of or current urticaria/angio–edema that is presently asymptomatic and does not interfere with function, or does not require medication that will interfere with function. Evaluate acute or chronic urticaria affecting many areas of the body and requiring medical treatment that does not interfere with function. Disqualify if acute or chronic urticaria/angio–edema requires medication (e.g., antihistamine) that interferes with function (e.g., sedating).

Amputation	
Thumb	Accept with partial (distal to interphalangeal joint) amputation without functional disability. Evaluate with partial amputation between metacarpophalangeal and interphalangeal joints or at the interphalangeal joint and with mild functional impairment. Disqualify if complete or partial amputation interferes with function due to pain and structural interference.
Index Finger	Evaluate with partial (distal to proximal interphalangeal joint) or complete amputation without functional limitation. Disqualify with partial or full amputation that causes limitation due to persistent pain, structural interference with job tasks, causalgia, or disorders of proximal joints.
Hand	Evaluate if partial (thumb and fingers) amputation on one hand. Disqualify with complete amputation of one hand, with or without prosthesis and limitation; or with partial or full amputation of one or both hands that causes limitation due to persistent pain, structural interference with job tasks, causalgia, or disorders of proximal joints.
Arm–Below Elbow	Evaluate amputation with prosthesis and partial limitation. Disqualify if no prosthesis present or amputation causes limited function due to pain or structural interference.

Arm–Above Elbow	Disqualify.
Great Toe	Accept if partial amputation with no significant functional limitation and normal gait. Evaluate with complete amputation without pain and with limp/abnormal gait. Disqualify if complete amputation present with limited function, persistent pain, or interference with acceptable gait (e.g, widebase); or with causalgia, phantom limb, and/or disorders of proximal joints.
Foot	Evaluate partial amputation, with or without shoe filler, for pain on ambulation, functional limitation or abnormal gait, and accept if gait is normal without functional limitation or pain. Disqualify with partial or full amputation with limited function due to pain and/or structural abnormalities (e.g., disorders of proximal joints).
Foot and Ankle	Evaluate if prosthesis present with no pain or need for external aid and without functional limitation. Disqualify with or without prosthesis if external aid needed, lack of proprioception, interference with gait, or limited function due to pain, causalgia, or disorders of proximal joints.
Leg – Below Knee	Evaluate if prosthesis present without pain, interference with gait, or normal daily activities. Disqualify with or without prosthesis with pain and/or limitation of function (e.g., interference with gait, use of external aids, disorders of proximal joints).

Leg – Above Knee	Disqualify.
Arthritis	
Osteoarthritis	Evaluate specific joints necessary. May require evaluation by specialist. Assess history, areas affected (e.g., joint, spine), and episodes of pain and/or swelling. Refer to the Joint Condition and Spinal Abnormalities section of the Musculoskeletal Guidelines for joint specific information.
Rheumatoid	Accept with confirmed diagnosis of disease without significant impairment. Evaluate with confirmed diagnosis, with or without treatment, and with mild symptomatology (e.g., discomfort or limited mobility of one or more joints), but with functional capacity adequate to conduct normal job activities. Disqualify with active disease under chronic treatment with functional capacity limited with muscle atrophy, moderate and severe pain, and multiple joint involvement.
Connective Tissue Disease	Accept with confirmed diagnosis, asymptomatic with minimal therapy required (e.g, NSAIDS). Evaluate if mildly symptomatic, requiring treatment but no functional impairment. Mild systemic involvement; musculoskeletal, hematologic, or hepatic abnormalities may be present. Disqualify with confirmed aggressive disease, presently under treatment with joint swelling and pain, easily fatigued, skin rash, or renal and/or liver abnormalities are present.

Disc Disease/Syndrome	
Cervical (disc or chronic sprain)	Accept if asymptomatic for at least one year with positive history of cervical disorder (e.g., strains/sprain, disc, degenerative joint disease, radiculopathy) or surgery (i.e., single level fusion), with normal range of motion and no significant physical findings or radiographic changes. Evaluate if asymptomatic for *less than* one year with positive history of cervical disorder (e.g., strains/sprain, disc, degenerative joint disease, radiculopathy) or surgery (i.e., single level fusion), with normal range of motion and no significant physical findings or radiographic changes. Evaluate with positive history of cervical disorder (e.g., strain/sprain, disc, radiculopathy, degenerative disc disease, infection, surgery), currently asymptomatic but with muscle spasm, limitation of motion, and/or pain in past year. Disqualify with symptomatic cervical disorder with or without surgery, requiring ongoing medication or treatment; OR with peripheral neurological findings.
Thoracic and Lumbosacral (disc or chronic sprain)	Accept with previous disorder of thoracic or lumbar spine injury that occurred more than one year ago; asymptomatic with no significant radiographic or physical findings. Evaluate with history of disorder, asymptomatic for one year and requiring change in activity with or without positive radiographic changes (e.g., degenerative changes); OR history of disorder which is symptomatic in last year, but without x-ray or physical findings. Evaluate with surgical history of discectomy or successful fusion more than one year ago and asymptomatic with abnormal radiographic findings, but no physical findings (e.g., swelling, pain, range of motion, neurological findings, tenderness).

Thoracic and Lumbosacral (disc or chronic sprain) *continued*	Disqualify with past surgical history less than one year prior for fusion and discectomy; OR if symptomatic with abnormal physical findings (e.g., spasms, limitation of motion, pain, neurological findings, tenderness) and/or abnormal radiographic findings.
Fractures--Intra-Articular	
Shoulder	Evaluate if healed and asymptomatic to determine if job tasks can be performed safely and effectively. Disqualify if symptomatic (e.g., pain, stiffness) or with significant physical findings (e.g., lack of range of motion, swelling, weakness).
Elbow	Accept if healed, asymptomatic with normal range of motion. Evaluate if asymptomatic with some abnormal range of motion. Disqualify if symptomatic (e.g., pain, stiffness, swelling, lack of range of motion).
Wrist	Accept if healed and asymptomatic with normal range of motion. Evaluate if healed and asymptomatic with abnormal range of motion in relation to recent work activities. Disqualify if healed, symptomatic (e.g., pain, stiffness, swelling).
Hand	Accept if healed and asymptomatic with normal range of motion. Evaluate if healed and asymptomatic with abnormal range of motion. Disqualify if healed, symptomatic (e.g., pain, stiffness, swelling).

Hip	Accept if healed and asymptomatic with normal range of motion. Evaluate if healed and asymptomatic with abnormal range of motion. Disqualify if healed, symptomatic (e.g., pain, stiffness).
Knee	Accept if healed and asymptomatic with normal range of motion. Evaluate if healed and asymptomatic with abnormal range of motion. Disqualify if healed, symptomatic (e.g., pain, stiffness).
Ankle	Accept if healed and asymptomatic with normal range of motion and normal radiographic findings. Evaluate if healed and asymptomatic with abnormal range of motion. Disqualify if healed, symptomatic (e.g., pain, stiffness).
Foot	Accept if healed and asymptomatic with normal range of motion and normal radiographic findings. Evaluate if healed and asymptomatic with abnormal range of motion. Disqualify if healed, symptomatic (e.g., pain, stiffness).

Fractures--Malunited	
Humerus	Accept with malunion, asymptomatic (e.g., no pain, stiffness) and normal physical findings (e.g., normal range of motion, strength). Evaluate if asymptomatic with abnormal range of motion or weakness. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., limited range of motion, weakness).
Ulna or Radius	Accept with malunion, asymptomatic (e.g., no pain, stiffness) and normal physical findings (e.g., normal range of motion, strength). Evaluate if asymptomatic with abnormal range of motion or weakness. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., limited range of motion, weakness).
Hand	Accept with malunion, asymptomatic (e.g., no pain, stiffness) and normal physical findings (e.g., normal range of motion, strength). Evaluate if asymptomatic with abnormal range of motion or weakness. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., limited range of motion, weakness).

Femur	Accept if asymptomatic with or without leg length discrepancy of less than 1/2 inch and with normal physical findings (e.g., normal range of motion, strength) and gait. Evaluate if asymptomatic with leg length or misalignment discrepancy greater than 1/2 inch or abnormal gait, abnormal range of motion, or weakness. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., limited range of motion, abnormal gait, weakness).
Tibia	Accept if asymptomatic with or without leg length discrepancy of less than 1/2 inch and normal physical findings (e.g., normal range of motion, strength, minimal misalignment) and gait. Evaluate if asymptomatic with leg length discrepancy greater than 1/2 inch or abnormal gait, abnormal range of motion, or weakness. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., abnormal range of motion, abnormal gait, weakness).
Fibula	Accept with malunion, asymptomatic (e.g., no pain, stiffness) and normal physical findings (e.g., normal range of motion, strength) and gait. Evaluate if asymptomatic with abnormal range of motion, weakness, or abnormal gait. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., abnormal range of motion, abnormal gait, weakness).

Foot	Accept with malunion, asymptomatic (e.g., no pain, stiffness) and normal physical findings (e.g., normal range of motion, strength) and gait. Evaluate if asymptomatic with abnormal range of motion, weakness, or abnormal gait. Disqualify if symptomatic (e.g., pain, stiffness) and accompanied by significant physical findings (e.g., abnormal range of motion, abnormal gait, weakness, tenderness/callous on bottom of foot).
Fractures--Non-union	
Humerus	Disqualify if symptomatic with pain, swelling, and/or limitation of motion.
Radius or Ulna	Disqualify if symptomatic with pain, swelling, and/or limitation of motion.
Hand	Accept if asymptomatic with non-union in distal phalanx and no difficulty with pinching movements. Evaluate if asymptomatic with non-union in proximal bones of the hand or fingers. Disqualify if symptomatic with pain, swelling, and/or limitation of motion.
Carpal Navicular Bone	Evaluate if asymptomatic for pain. Disqualify if symptomatic with pain, swelling, and/or limitation of motion.
Femur	Disqualify.
Tibia	Disqualify.

Fibula	Evaluate if asymptomatic. Disqualify if symptomatic with pain, swelling, and/or limitation of motion.
Foot	Evaluate if asymptomatic (e.g., 5th metatarsal). Disqualify if symptomatic with pain, swelling, and/or limitation of motion.

Joint Condition	
Shoulder	Accept if asymptomatic with history of single episode of shoulder disorder (e.g., tendinitis, bursitis, contusion, single traumatic dislocation) more than two years ago and with no significant physical findings (e.g., normal range of motion, strength). Accept if asymptomatic with history of dislocation with surgical repair or more than one episode of shoulder disorder successfully treated with no symptoms (e.g., pain, stiffness) or recurrence in past two years, no physical findings (e.g., abnormal range of motion, weakness), and no *apprehension* sign (e.g., discomfort or sense of instability in "throwing" position). Evaluate if asymptomatic with positive physical findings (e.g., abnormal range of motion, strength, and stability); with history of multiple dislocations or instability with or without surgery in the past two years; or other recurrent shoulder disorder within the past one year and presently asymptomatic. Disqualify if symptomatic (e.g., pain, stiffness), asymptomatic with nerve injury, severe limitation of motion, or radiographic evidence of severe arthritis or chronic dislocation.

Elbow	Accept if asymptomatic with single episode of elbow disorder (e.g., epicondylitis) requiring medical treatment, or with history of elbow surgery (e.g., loose bodies, incision or excision of a bursa), either of which is asymptomatic for the past year with complete range of motion and stability, and with normal radiographic and laboratory findings (e.g., blood studies), if obtained. Evaluate if asymptomatic with history, symptoms, or treatment of elbow disorder (e.g., epicondylitis, dislocation) in past year, or physical findings (e.g., abnormal range of motion, weakness). Disqualify if symptomatic with history of recurrent disorder (pain and/or swelling), or recurrent surgery; OR have severe restriction of motion, paresthesia, or weakness.
Wrist	Accept if asymptomatic with history of wrist disorder (e.g., tendinitis, synovitis, infection, ganglion) treated medically or surgically (e.g., carpal tunnel syndrome); asymptomatic for past year with complete range of motion and normal radiographic and laboratory studies (e.g., blood studies) if obtained. Evaluate if asymptomatic with history of symptoms or physical findings (e.g., abnormal range of motion, weakness) within past year, with or without surgery. Disqualify if symptomatic (e.g., pain, stiffness) or with neurologic loss, weakness, limitation of motion, or instability with or without surgery; or with reflex sympathetic dystrophy.

Hand and Fingers	Accept if asymptomatic with history of hand or finger disorder (e.g., benign tumor, infection, synovitis, dislocation) treated medically or surgically; asymptomatic for at least one year with complete range of motion and normal strength, sensation, radiographic findings, and laboratory studies (e.g., blood studies), if obtained. Evaluate if asymptomatic with history of symptoms (e.g., pain, stiffness) or physical findings (e.g., abnormal range of motion, weakness, swelling, sensory change) within the past year with or without medical or surgical treatment. Disqualify if symptomatic (e.g., pain, stiffness) or with physical findings (e.g., severe limitation in range of motion, neurologic loss, weakness, radiographic changes), with or without medical/surgical treatment that interfere with job tasks.
Hip	Accept if asymptomatic with history of medical treatment for any single hip disorder (e.g., tendinitis, groin pull, inflammation), normal gait, range of motion, and radiographic findings; no symptoms for one year. Accept with history of hip surgery (e.g., hip fracture), asymptomatic for two years, and with normal gait, normal range of motion, and radiographic findings consistent with successful treatment. Evaluate if asymptomatic with history of hip surgery (e.g., total hip replacement, athroplasty), asymptomatic for one year, and with functional range of motion and no limp. pain, ambulatory aids, or significant radiographic changes.

Hip *continued*	Disqualify if symptomatic (e.g., pain, stiffness) within past year or with history of hip disorder with positive physical findings (e.g., abnormal range of motion, abnormal gait), significant radiographic changes, need for ambulatory aid, or recurrent hip disorder (e.g., osteoarthritis).
Knee	Accept with history of knee injury (e.g., strain, sprain, synovitis) requiring medical treatment, asymptomatic for past year with no significant physical findings (e.g., crepitus, effusion, or lack of strength, range of motion, or stability) or radiographic changes. Accept with history of minor injury or knee surgery (i.e., partial meniscectomy, patellar subluxation), asymptomatic for past two years with no significant physical (e.g., crepitus, effusion, lack of range of motion, strength, instability) or radiographic findings. Evaluation with history of minor knee injury or surgery which was either symptomatic in past two years and/or with physical findings (e.g., abnormal range of motion, atrophy, swelling, tenderness, weakness, crepitus, instability), or with radiographic changes. Evaluate present activities in relation to job tasks. Evaluate with history of major injury or knee surgery (i.e., knee dislocation, collateral or cruciate ligament repair), asymptomatic for past two years with no significant physical (e.g., crepitus, effusion, lack of range of motion, strength, instability) or radiographic findings; or total knee replacement. Disqualify with history knee injury or surgery, symptomatic with significant physical findings such as crepitus, effusion, pain, lack of range of motion, strength, and instability (e.g., drawers sign, Lachman test) or radiographic changes (e.g., joint space narrowing); or major knee injury or surgery which has been symptomatic in past two years.

Ankle	Accept with history of ankle disorder (e.g., sprain, tendinitis, infection, loose bodies, tumor, hemarthrosis); healed and asymptomatic for past two years with no significant physical (e.g., lack of range of motion, crepitus) or radiographic findings. Accept with successful surgery, asymptomatic for two years and without significant physical findings (e.g., laxity, lack of ROM, pain, swelling). Evaluate with history of surgery within the past two years. Disqualify if recurrent ankle disorder with or without surgery, currently symptomatic or asymptomatic with significant physical (e.g., abnormal range of motion, crepitus) or radiographic findings and/or loss of function.
Foot	Accept with history of disorder (e.g., inflammation, infection, tumor, bunion, heel spur, benign pes cavus, hallux valgus, flexible flat foot), asymptomatic for past year with no significant radiographic changes, physical findings (e.g., pain, effusion, lack of range of motion), or limp. Evaluate if symptomatic within past year or if asymptomatic with positive physical findings or x-ray changes that affect prolonged standing, walking, squatting, running. Disqualify if symptomatic or with physical (e.g., swelling, pain, loss of range of motion, severe corns) or radiographic findings affecting periodic standing, walking, running, or squatting.

Facet Atrophism High Lumbosacral angle Hyperlordosis Schmorl's Nodes Scheuermann's Disease Spina Bifida Occulta Spondylolisthesis Spondylolysis Spondylosis Transitional Vertebrae	Accept if spinal abnormalities such as transitional vertebrae or Schmorl's Nodes, facet atrophism, hyperlordosis, high lumbosacral angle, spina bifida occulta, spondylolisthesis–grade 1, or spondylolysis (with no slipping and normal disc space) are present and asymptomatic for one year. Evaluate if spondylosis, spondylolisthesis, (grade 2 level should be evaluated), or mild Scheuermann's disease are present and asymptomatic. Evaluate with history of successful spinal surgery (fusion, discectomy, laminectomy) that is asymptomatic for one year. Disqualify if recurrent episodes of back pain are present with or without presence of spondylosis, spondylolisthesis, or Scheuermann's disease; grade 3 or 4 spondylolisthesis; neurologic or degenerative changes are present that are associated with limitation of function.
Scoliosis (thoracolumbar)	Accept if angle is 25 degrees or less and asymptomatic. Evaluate if angle is 26 to 50 degrees and asymptomatic. Evaluate prior back problems. Disqualify thoracolumbar, thoracic, or lumbar curve that is greater than 50 degrees.

Cervical	Accept with healed spinous process, Clay Shoveler's, or chip fracture with no displacement, instability, disc involvement, or nerve root involvement; ligaments are stable as shown in flexion–extension in lateral radiograph, with normal range of motion and asymptomatic for at least six months post–injury. Accept with healed single vertebral body compression of 25% or less without nerve root damage or fusion; no permanent sensory or motor change; ligaments stable as shown in flexion–extension in lateral radiographs with normal range of motion and asymptomatic for at least one year post–injury. Evaluate with healed multiple vertebral body compression less than or equal to 25% with no unstable elements, nerve root damage, surgical fusion, or sensory/motor change. Evaluate facet dislocation (unilateral) treated with traction, with stable ligaments (including spinous process fracture) as shown in flexion–extension in lateral X–rays, and with no symptoms for at least one year post injury. Disqualify with facet dislocation treated with surgery or dislocation of vertebral body. Disqualify with multiple vertebral body compression greater than 25%, or less than or equal to 25% with radiographic evidence of unstable elements, moderate partial dislocation, persistent pain or mild motor and sensory manifestations; or severe dislocation.

Thoracic	Accept with healed compression fracture of one vertebral body, 25% or less with no unstable elements, disc involvement, or nerve involvement; ligaments are stable (including spinous process fracture) as shown in lateral radiograph; and with no residual or low back discomfort for at least a one year month period following the injury. Evaluate with healed compression fracture up to 50% of two or more vertebral bodies, with stable elements and no fragmentation or neurological manifestations; unstable elements may have been corrected by surgery (e.g., no retained rods) and is asymptomatic for one year. Disqualify if healed compression fracture is greater than 50%; stable elements corrected by surgery (e.g., rods); pain on heavy use of the back; or with a complete dislocation of a thoracic vertebrae reduced with or without surgery and/or unstable elements.
Lumbar	Accept if healed spinous process fracture or transverse process fracture without residual back pain for at least six months post–injury. Evaluate with vertebral compression less than 25% of one vertebral body with stable elements, with little or no fragmentations, and no neurological changes; and no back pain for one year after injury. Disqualify with two or more vertebral body compression fracture with unstable elements; healed surgical fusion with pain or neurological findings (weakness, sensory loss, nerve root involvement); or failed surgery (e.g., failed fusion).

Cerebral and Nerve Disorders	
Arterio Venus Malformation	Evaluate for neurological residuals. Accept if resection is successful and residuals do not interfere with job tasks.
Brain Tumor (History of)	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; pain does not require regular or sedating medication (including prescription and non-prescription analgesic) or treatment and does not interfere with activity; meets visual acuity and seizure disorder requirements. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non-prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini-Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow.

Brain Tumor *continued*	Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity. Disqualify if visual and seizure requirements are not met.
Cerebral Aneurysm (Post-treated)	Evaluate for neurological residuals. Accept if clip is successful and residuals do not interfere with job tasks.
Cerebrovascular Diseases (Stroke)	Evaluate and accept with history of stroke more than six months ago, taking aspirin and neurological function as defined below. Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; meets visual acuity requirements. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate sensory loss as it impacts specific function (e.g., limb, hearing, vision). Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini-Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if visual requirements are not met.

Craniocerebral Trauma (Residuals of)	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; pain does not require regular or sedating medication (including prescription and non-prescription analgesic) or treatment and does not interfere with activity; meets visual acuity and seizure disorder requirements. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non-prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Evaluate sensory loss as it impacts specific function (e.g., limb, hearing, vision). Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini-Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity. Disqualify if visual and seizure requirements are not met.

Migraine and Other Episodic Headaches	Accept if pain only requires intermittent abortive, non–sedating medication and does not interfere with activity. Evaluate if pain requires prescription, non–sedating prophylactic medication with or without non–sedating abortive therapy, and that infrequently (one time per month or less) interferes with activity. Disqualify if pain requires sedating medication and/or pain interferes (e.g., greater than 1/month) with activity.
Reflex Sympathetic Dystrophy or Causalgia	Evaluate and accept with normal limb function and strength; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non–prescription analgesic) or treatment and does not interfere with activity. Evaluate if pain requires frequent prescription or non–prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes). Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity.

Seizure Disorder (Partial or Generalized)	Evaluate if no seizures present for a minimum of two years with or without treatment. Disqualify with seizures within the past two years, with or without treatment or side effects from treatment.
Syncope	Accept with history of a single episode of syncope more than five years ago, or reflex syncope that is not relevant to job. Evaluate with history of syncope with no occurrences within the past two years. Disqualify with history of syncope within the last two years.
Transient Ischemic Attack (TIA)	Accept with TIA more than five years ago. Evaluate with TIA more than one year ago which was treated to obviate likelihood of occurrence. Disqualify with TIA within the past year, with or without treatment.
Congenital and Developmental Neurological Disease	
Cerebral Palsy Congenital CNS Malformations Residuals of Birth Trauma Hypoxia	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; meets visual acuity requirements. Evaluate slightly wide based gait in relation to performance of job tasks. Disqualify if cannot exert full effort against ~~resistance with the upper extremity and~~/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ; has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide

Cerebral Palsy Congenital CNS Malformations Residuals of Birth Trauma Hypoxia *continued*	based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini–Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if visual requirements are not met.
Meningitis (History of)	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; no tremor present; meets auditory, visual acuity and seizure disorder requirements. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate sensory loss as it impacts specific function (e.g., limb, hearing, vision). Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini–Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if tremor interferes with fine manipulation. Disqualify if visual and seizure requirements are not met.

Spinal Closure Defects Spina Bifida Meningomyelocele	Evaluate and accept with normal limb strength and cerebellar function, and gait; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non–prescription analgesic) or treatment and does not interfere with activity. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non–prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity.

Alzheimer's and Other Degenerative Dementia Diseases	Disqualify if mild symptoms require supervision of daily living or work activities.
Degenerative Spinal Cord Diseases Friedreich's Ataxia Primary Lateral Sclerosis Spastic Paraplegia Spinocerebellar Degeneration Syringomyelia	Evaluate and accept with normal limb strength and cerebellar function, and gait; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non-prescription analgesic) or treatment and does not interfere with activity; . Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non-prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Evaluate sensory loss as it impacts specific function (e.g., limb, hearing, vision) and vestibular instability (see Auditory System). Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity. mild tremor present which does not interfere with everyday fine motor activities; Disqualify if tremor interferes with fine manipulation.

Demyelinating Disease (e.g., Multiple Sclerosis)	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; meets visual acuity requirements; no tremor present. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate bladder and bowel problems (see genitourinary system.) Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini–Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if visual are not met. Disqualify if tremor interferes with fine manipulation.

Huntington's Disease	Evaluate and accept with normal gait, cognitive function, and no chorea present. Disqualify if gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini–Mental Status examination). Disqualify if chorea interferes with fine manipulation.
Motor Neuron Disease Amyotrophic Lateral Sclerosis or Lou Gehrig's Disease Bulbar Palsy Spinal Muscular Atrophy	Evaluate and accept with normal limb strength, cerebellar function and gait; mild loss of fine motor skills (doesn't interfere with small manipulation such as closing a safety pin); can meet demands of normal everyday speaking and writing with adequate speed and ease. Evaluate slightly wide based gait in relation to performance of job tasks. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin); has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if speech is discontinuous, interrupted, hesitant, or slow or there is a mild impairment in writing.

Normal Pressure Hydrocephalus	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease. Evaluate slightly wide based gait in relation to performance of job tasks. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini-Mental Status examination).
Parkinson's Disease	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; no tremor present; Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate pain in relation to present fitness and activity level. Evaluate the fluctuations in function in relation to dosage and schedule of medication. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking

Parkinson's Disease *continued*	up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini–Mental Status examination). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if tremor interferes with fine manipulation.
Muscle Disease	
Myasthenia Gravis	Evaluate and accept with normal limb strength and function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; can meet demands of normal everyday speaking with adequate speed and ease; meets visual acuity requirements. Evaluate slightly wide based gait in relation to performance of job tasks. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes). Disqualify if speech is discontinuous, interrupted, hesitant, or slow. Disqualify if visual requirements are not met.

Myopathy	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin. Evaluate slightly wide based gait in relation to performance of job tasks. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify with cognitive impairment (e.g., ≤28 on the Mini–Mental Status examination).
Myositis	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non–prescription analgesic) or treatment and does not interfere with activity. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non–prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level.

Myositis *continued*	Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity.

Neuropathies

Cranial Neuropathy Tic Douloureux Trigeminal Neuralgia	Accept if facial pain does not require frequent medication d(including non-prescription analgesic or non-sedating medication) or treatment; and facial pain and/or medication do not interfere with activity. Evaluate if facial pain requires frequent medication including non-prescription analgesic or non-sedating medication or treatment; and facial pain and/or medication do not interfere with activity. Disqualify if facial pain requires use of sedating prescription medication, or if pain or treatment interferes with activity.

Mononeuropathy Deltoid Palsy Femoral Nerve Median Nerve (carpal tunnel syndrome) Meralgia Paraesthetica (lateral femoral cutaneous nerve) Peroneal Nerve (foot drop) Posterior Tibial Nerve (tarsal tunnel) Radial Nerve Sciatic Nerve Ulnar Nerve	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non-prescription analgesic) or treatment and does not interfere with activity. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non-prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Evaluate sensory loss as it impacts specific function (e.g., limb, hearing, vision). Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity.

Peripheral Neuropathy Alcoholic Neuritis Diabetic Neuritis Nutritional Neuritis	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non-prescription analgesic) or treatment and does not interfere with activity. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non-prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Evaluate sensory loss as it impacts specific function (e.g., limb, hearing, vision). Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity.

Plexopathy Brachial Plexus (including thoracic outlet syndrome) Lumbo – Sacral Plexus	Evaluate and accept with normal limb strength and cerebellar function, gait, and cognitive function; mild loss of fine motor skills (does not interfere with small manipulation such as closing a safety pin; pain does not require regular or sedating medication (including prescription and non-prescription analgesic) or treatment and does not interfere with activity. Evaluate slightly wide based gait in relation to performance of job tasks. Evaluate if pain requires frequent prescription or non-prescription medication or treatment which infrequently interferes with activity. Evaluate pain in relation to present fitness and activity level. Disqualify if cannot exert full effort against resistance with the upper extremity and/or has moderate loss of fine motor skills (e.g., difficulty in handling small buttons, picking up a coin) ;has mild distal weakness in lower extremity (e.g., unable to step up and down on an 8" stool five times, difficulty walking on heels or toes) and gait is moderately wide based with loss of balance on turning, unable to tandem walk, or sway on Romberg test. Disqualify if pain requires sedating medication and/or regular treatment that frequently interferes with activity.

Nose	
Epistaxis	Accept with current history of anterior bleeding attack lasting 5–10 minutes which is self–controlled and occurs 2–3 times per year. Evaluation required to determine etiology with history of frequent bleeding lasting more than ten minutes or with history of recurrent profuse bleeding attacks requiring packing.
Nasal/Naso–Pharyngeal Obstruction	Accept if asymptomatic, with moderate obstruction. Evaluate to determine if breathing through mouth restricts activity or impact performance of physically demanding job tasks.
Throat	
Laryngeal Disorder	Evaluate for ability to communicate if hoarseness, chronic laryngitis, or vocal nodules present with or without obstruction of breathing, and determine etiology before hiring. Accept if obstruction does not interfere with physically demanding job tasks. Evaluate vocal cord polyps and unilateral vocal cord paralysis for stenosis and etiology, and accept if not obstructing air flow. Disqualify if laryngeal stenosis present and symptomatic with abnormal flow volume loop.
Tracheal Disorders	Accept if history of stenosis and presently asymptomatic with normal flow volume and no residuals. Evaluate if asymptomatic for effect of abnormal flow volume loop or obstruction due to stenosis or tracheal trauma on physically demanding job tasks.

Tracheal Disorders *continued*	Disqualify if symptomatic with obstruction due to stenosis or tracheal trauma and abnormal flow volume loop.

Lung

Separate normative pulmonary function values are available for subsets of the population. Absolute values may vary across these subsets.

Abnormal Findings Abnormal Cardiac Silhouette Hilar Mass Pleural Parenchymal/Abnormality Solitary Nodules	Evaluation by pulmonary specialist necessary. Refer to specific disease (e.g., Restrictive Lung Disease) if necessary.
Asbestosis	Accept with history of exposure with normal radiographic findings (including pleural plaques) and asymptomatic with normal pulmonary function tests as defined in Restrictive Lung Disease. Accept with radiographic evidence of disease, asymptomatic with normal pulmonary function tests as defined in Restrictive Lung Disease. Evaluate with radiographic evidence of disease present; symptomatic or with abnormal pulmonary function tests as defined in Restrictive Lung Disease.
Asthma	Accept with history of asthma, asymptomatic for the past five years with normal ventilatory function without medication. Evaluate with history of asthma within the past five years; presently asymptomatic with normal ventilatory function requiring occasional or constant medication (e.g., inhaler, prednisone, leucotriene antagonist). Disqualify with presence of asthma requiring constant medication with or without normal ventilatory function (e.g., FEV_1% greater than 75) as measured by ventilatory studies.

Chronic Bronchitis	Accept with recognized air passage defect and dyspnea not produced by prolonged exertion or hill climbing; activities requiring intensive effort produce dyspnea consistent with level of activity. $FEV_1\%$ is less than 75 and FEV_1 is 70% or greater of predicted value. Productive cough with sputum may be present. Disqualify if recognized air passage defect exists and dyspnea is produced by moderate exercise (e.g., climbing more than one flight of stairs); $FEV_1\%$ is less than 75 and FEV_1 is less than 70% of predicted value; or if PO_2 less than 60 mm HG or PCO_2 greater than 45 mm HG.
Cystic Lung Disease (e.g., Bullous Emphysema)	Accept with radiographic evidence of cystic lung disease or history of surgical repair, presently asymptomatic with normal pulmonary function. Accept with radiographic evidence or history of surgical repair of cystic lung disease, with recognized air passage defect, with dyspnea produced and consistent with level of activity; and $FEV_1\%$ is less than 75 and FEV_1 is 70% or greater of predicted pulmonary function as measured by ventilatory studies. Disqualify with radiographic evidence or history of surgical repair of cystic lung disease with recognized air passage defect and dyspnea is produced by moderate exercise (e.g., more than one flight of stairs), and $FEV_1\%$ less than 75 and FEV_1 is less than 70% of predicted pulmonary function as measured by ventilatory studies; or if PO_2 less than 60 mm HG or PCO_2 greater than 45 mm HG.

Emphysema	Accept with recognized air passage defect and dyspnea not produced by prolonged exertion or hill climbing; activities requiring intensive effort produce dyspnea consistent with level of activity. $FEV_1\%$ is less than 75 and FEV_1 is 70% or greater of predicted value. Disqualify if recognized air passage defect exists and dyspnea is produced by moderate exercise (e.g., climbing more than one flight of stairs); $FEV_1\%$ is less than 75 and FEV_1 is less than 70% of predicted value; or if PO_2 less than 60 mm HG or PCO_2 greater than 45 mm HG.
Lung Cancer	Evaluation by specialist required to assess level of pulmonary function tests as defined in Restrictive Lung Disease. Staging and grading of cancer should be assessed as defined in the section of the guidelines entitled *Other Conditions*.
Pneumoconiosis (Silicosis, Black Lung)	Accept with history of exposure and asymptomatic with or without abnormal radiographic findings, and with normal pulmonary function tests as defined in Restrictive Lung Disease. Evaluate with history of exposure and abnormal radiographic findings and with either symptoms or abnormal pulmonary function tests as defined in Restrictive Lung Disease.
Pneumothorax (collapsed lung)	Accept with history of one traumatic pneumothorax, or with one or more spontaneous pneumothoraces with surgical repair. Evaluate with one or more spontaneous pneumothoraces without surgical repair, or with history of a pneumothorax with underlying chest disease.

Pulmonary Fungal Disease (e.g., Histoplasmosis)	Accept with history of disease or radiographic evidence of past disease, successfully treated with medication or surgery, asymptomatic with a negative PPD, and normal pulmonary function tests as defined in Restrictive Lung Disease. Evaluate with history of successfully treated disease , asymptomatic with abnormal pulmonary function tests, and a negative PPD (see restrictive lung disease). Disqualify if symptomatic with radiographic changes.
Restrictive Lung Disease (e.g., sarcoidosis, idiopathic pulmonary fibrosis)	Accept if clinical or radiographic evidence present and dyspnea is not produced by walking or climbing stairs freely and prolonged exertion, hill climbing, and activities requiring intensive effort only produce dyspnea consistent with the level of activity; TLC is 80% or greater of predicted pulmonary function as measured by ventilatory studies; and arterial blood gases are normal at rest. Disqualify if clinical or radiographic evidence present and dyspnea is produced by moderate exercise (prolonged walking up a moderate incline); or TLC is less than or equal to 79% of predicted pulmonary function as measured by ventilatory studies; or arterial blood gases is abnormal at rest. PO_2 is less than 70 mm HG.

Tuberculosis	Accept with history of adequately treated tuberculosis; if asymptomatic with positive PPD and normal radiographic findings*; or history of contact and negative PPD greater than 90 days after contact and with normal radiographic findings. Evaluate with history of contact in the last 90 days or if asymptomatic with positive PPD and radiographic evidence of disease, and determine who will provide treatment; or with radiographic changes within the last five years (see Restrictive Lung Disease). Disqualify if symptomatic with positive PPD and/or radiographic evidence of tuberculosis. * Anti–tuberculosis prophylaxis should be offered.

Disease/Disorder of Eye	
Cataracts	Accept with cataracts or history of cataract surgery with no residuals, if asymptomatic and meets visual acuity and field requirements. Visual acuity is unaffected by lighting or glare. Disqualify with cataracts or post surgery if unable to meet visual acuity and visual field requirements; or if visual acuity affected by lighting or glare.
Chronic External Disease	Evaluate with mild to moderate symptoms (e.g., burning, itching, foreign body sensation, tearing) and for ability to meet visual acuity and field requirements. Disqualify with severe symptoms and unable to meet visual acuity and field requirements.
Chronic Inflammation Choroiditis Optic Neuritis Retinitis Uveitis	Evaluate with mild to moderate symptoms (e.g., tearing, photophobia, pain) and for ability to meet visual acuity and visual field requirements. Disqualify with severe symptoms and unable to meet visual acuity and visual fields requirements.
Color Deficiency	Accept if can distinguish primary colors. An X-chrome lens may not be used during testing. Evaluate with deficiency in any color except red or green (e.g., using Farnsworth D-15 test). Disqualify with mild to moderate red and/or green deficiency, or if moderate to severe deficiency in any colors other than red or green.

Corneal Disorder	Accept with chronic disorder if meet visual acuity requirements and frequency of symptoms do not exceed two times per year. Evaluate, if recurrent, for frequency (e.g., 3 or more per year) and extent of loss in visual acuity.
Diabetic Retinopathy	Accept with non-proliferative retinopathy. Disqualify with proliferative retinopathy or if unable to meet visual acuity and/or visual field requirements.
Diplopia	Disqualify if diplopia is present in any gaze.
Eyelid Disorder Entropion–Inturned Eyelid Ectropion–Outturned Eyelid Ptosis–Drooping Upper Eyelid	Evaluate and disqualify if unable to meet visual acuity and visual field requirements.
Glaucoma	Accept if under treatment without systemic side effects from medication and if meets visual acuity and visual field requirements. Evaluate mild systemic side effects (e.g., nausea) from medication in relation to job tasks and visual acuity. Disqualify with severe systemic side effects from medication and/or visual acuity and field loss which exceed minimum requirements.
Macular Degeneration	Evaluation by specialist necessary and must meet visual acuity and visual field requirements.
Monocular Vision	Disqualify if unable to meet visual acuity and visual field requirements.

Near Vision (with/without corrective lenses)	Accept if near visual acuity is 20/40 or better Snellen binocular. Disqualify if near visual acuity is worse than 20/40 Snellen binocular.
Night Blindness/Dark Adaptation	Evaluation by specialist necessary to determine impact of reduced lighting conditions on visual acuity and visual field requirements.
Nystagmus	Accept if end point nystagmus is present. Disqualify if latent nystagmus present or nystagmus in one or more gazes (e.g., primary, down, lateral, up).
Refractive Surgery	Accept with history of surgery (greater than 3 months) and no residuals. Check medical records for stability. Evaluate with mild glare, halo, or fluctuations in vision in either eye. Surgery should be at least 3 months prior.
Retinal Detachment	Accept if successful reattachment and if meets visual acuity and visual field requirements.
Stereopsis	Evaluate with moderate fusional capacity. Disqualify if no fusional capacity.
Strabismus	Accept if meets visual acuity, stereopsis, and diplopia requirements.

Visual Acuity (Refractive Errors) Astigmatism Hyperopia Myopia	Disqualify if visual acuity is worse than 20/30 in the better eye and 20/40 in the worst eye with corrective lenses; or if uncorrected vision is worse than 20/100 in the better eye and 20/200 in the worst eye.
Visual Field Loss	Accept with 0–90 degrees combined loss in all fields with good central fixation and at least 70 degrees of temporal visual field present in each eye. Evaluate as to degree and area of field loss if good central fixation present and a minimum of 140 degrees in the horizontal meridian. Disqualify if 95–180 degrees combined visual field loss in any fields (e.g., superior, nasal, inferior, temporal).

INTRODUCTION

Purpose of Physician's Manual

The purpose of this manual is to aid the examining physician in making judgments concerning the suitability of individuals for the Firefighter position in the City of Norfolk Fire Department (NFD). The guidelines included in this manual were developed by a task force of medical specialists (e.g., cardiologists, neurologists) who evaluated the requirements of the essential tasks within this job in relation to specific diseases and conditions in each body system (e.g., cardiovascular). These medical specialists made recommendations regarding the degree of impairment for each disease or condition that would be likely to preclude an individual from safely and effectively performing the job duties of the Firefighter.

The role of the examining physician is to evaluate the individual's health status, determine the etiology of any disease or condition, and make a decision about the individual's suitability for employment from a medical viewpoint. While the medical guidelines are presented in this manual for use in evaluating the individual's health status, you should remember that they are guidelines. Future advancements in medicine may render an appropriate guideline in this manual outdated or no longer justified at a future date. In addition, there may be other valid medical reasons in a given situation for considering an individual who might be rejected based on the guidelines. Therefore, the final decision as to the ability of an individual to perform the essential functions of a job should be based on both the physician's evaluation and these medical guidelines.

The enactment of state and federal laws (e.g., Americans with Disabilities Act of 1990) prohibit discrimination against a qualified individual with a disability in regard to employment decisions. A qualified individual with a disability is a person who satisfies the job-related requirements for the position and can perform the essential functions of the job with or without reasonable accommodations. It is important that the physician evaluate the health status of the individual in relation to the demands of the jobs. The criteria used in the evaluation should be job-related, consistent with business necessity, and not screen out qualified individuals. It will be the responsibility of the physician to assist the NFD in determining whether a reasonable accommodation could be made to enable the individual to perform the essential functions of the job. It is therefore the physician's responsibility to determine whether the individual meets the criteria outlined in the medical guidelines and can perform the essential functions of the job, with or without reasonable accommodations.

While NFD is not required to hire an individual who would be a direct threat to the health or safety of the individual or to others, federal law prohibits the NFD from rejecting an individual solely because of the presence of a disability. An individual may be rejected when there exists a significant risk, in other words a high probability, of substantial harm to the health or safety of the individual or to others.

The medical guidelines presented in this Physician's Manual were developed with the above conditions taken into consideration. To facilitate ease of use, the guidelines are organized by body system (e.g., gastrointestinal) and by classification of diseases/conditions within each body

system. Several conditions (e.g., cancer) are classified under "Other Conditions." The medical guidelines for the Firefighter are presented in the remainder of this manual.

Use of the Guidelines

In using the guidelines, the physician must compare the individual's health status with the level of severity of the disease/condition listed in this manual. The examining physician has the responsibility for using his or her medical expertise and experience to evaluate the individual's medical history and to determine the level of severity of an existing or past disease/condition. Physicians must determine whether the individual is acceptable for hire based on the guidelines and their *medical* judgment. When an individual's symptoms are less severe than those indicated as disqualifying in the guidelines, the disease/condition should not be considered disqualifying. Individuals who are found to have a medical condition that would prohibit or restrict their ability to perform the essential functions of the job are not acceptable candidates for the job, unless some reasonable accommodation can be made. An individual may exhibit a disease/condition that requires further evaluation of the individual's condition or examination by a specialist. In these instances, the examining physician is responsible for identifying the level of severity of the disease/condition by securing and thoroughly reviewing the individual's medical history records (e.g., laboratory tests, x-rays). This may be followed by forwarding these results to a specialist for further evaluation. Results provided by a specialist should be submitted in writing and reviewed by the examining physician who will make the final decision on the candidate's acceptability.

Combinations of diseases/conditions may have an impact on one another and interfere with performance of the essential job functions in a variety of ways that cannot be outlined in this manual. As a result, the effects of a combination of diseases/conditions should be evaluated at the time of the medical examination in terms of the requirements of the job and the severity of the disease or condition. Diseases/conditions not found in this manual should be evaluated in the same manner.

After the *examining* physician completes the evaluation, the NFD should be notified of the findings in writing. If the physician concludes that an individual cannot perform the essential functions of the job, the physician should advise the NFD of any accommodations that could be made to enable the individual to perform the essential functions of the job. The *examining* physician can then work with the NFD to determine whether the accommodation is reasonable.

The *Description of the Firefighter Position* outlines the types of tasks performed in the jobs. A complete listing of the essential job tasks is located in Appendix A. The physician's medical evaluation of an individual must be based on these job requirements, the medical guidelines, and the physician's medical judgment.

Preparation

Prior to conducting the medical examination the examining physician should carefully review the job description and essential job tasks performed by Firefighters. It is important to examine the medical guidelines prior to examining an individual. The time and effort spent by the physician

in using this manual will ensure that the evaluation of an individual is based on job–related information. The medical guidelines for the Firefighter are presented in the next section (page 5) of the manual. When evaluating the individual, review the history of the disease/condition for the past year if not specifically stated in the medical guidelines.

Description of the Firefighter Position

Firefighters engage in activities that are classified into the following categories: lift/carry, push/pull, climb, bend/stoop, run/walk, stand, sit, drive, write, vision, comprehend/read, and communicate. These individuals are responsible for fire suppression, dragging hose, climbing ladders, lifting and carrying patients, shoveling debris, raising ladders, driving vehicles, using an axe to make hole in wall or roof, searching buildings for victims, and operating computers and radios. The physical demands of essential job tasks range from sedentary to arduous. The Firefighters are required to read department materials and maps, to identify and preserve arson evidence, search out hidden fires, and inspect equipment. They must communicate with citizens, and other public safety personnel to exchange and gather information. A detailed listing of the essential job tasks is located in Appendix A of this manual.

Summary

The examining physician should carefully review the information related to the job tasks performed by the Firefighter. It is also important to review the guidelines outlined in the Medical Guidelines section of this manual prior to examining an individual. The time and effort spent by the physician in using this manual will ensure that the evaluation of an individual's suitability for the Firefighter position is based on job–related information.

Cancer/Tumor	All suspicious lesions require evaluation. If applicant has been treated for tumor, the following must be evaluated: a. Tumor diagnosis. b. Current clinical status of patient and type of impairment. c. Prognosis. d. Evaluate the effect of the treatment and the ability to perform the job. The effect of the treatment program, physical, emotional, and intellectual impact of the disease, and prognosis should be considered when evaluating the capability of an individual to perform job tasks.
Hematopoietic and Clotting Disorders	
Anemia	If diagnosis is known, establish prognosis and ability to perform job tasks. If diagnosis is unknown, refer to primary care physician.
Sickle Cell Disease (SS,SC)	Disqualify. If SCUBA diving is required, evaluate for Sickle Cell Trait.
Clotting Disorders	In consultation with the treating physician establish the nature of the disorder, treatment, and prognosis. Evaluate whether individual is at risk in regard to job responsibilities.
Infectious Diseases	Condition requires further evaluation to determine the impact on the public and co-workers. The impact on the safety of the public, co-workers, and individual should be considered. Refer to OSHA regulations on tuberculosis and blood borne pathogens.

APPENDIX A

ESSENTIAL JOB TASKS

CITY OF NORFOLK POLICE OFFICER ESSENTIAL TASK LIST

LIFT/CARRY

1. (2) With assistance, lift and carry individual resisting arrest (e.g., protester, suspect) 1–50 feet.

2. (3) Lift and carry objects weighing 10 to 25 lbs. (e.g., flare box, briefcase, bicycle, personal bag, riot gear).

3. (10) Remove backseat (5 lbs.) from patrol vehicle to search for items left by arrestees.

PUSH/PULL

4. (16) With assistance, pull/drag individual resisting arrest 20–25 feet (e.g., protester, suspect).

5. (17) Without assistance, pull/drag individual resisting arrest 20–25 feet (e.g., protester, suspect).

6. (18) Without assistance, separate uncooperative persons by pushing, pulling, using locks, grips, or holds (e.g., break up fights).

7. (19) With assistance, separate uncooperative persons by pushing, pulling, using locks, grips, or holds (e.g., break up fights).

8. (20) Without assistance, physically restrain (e.g., handcuff, hold, T3 position) or subdue a resistive individual using reasonable force (e.g., suspect, mental patient, drugged person).

9. (21) With assistance, physically restrain (e.g., handcuff, hold, T3 position) or subdue a resistive individual (e.g., suspect, mental patient, drugged person).

10. (22) Handcuff a suspect.

11. (23) Place leg restraints on a suspect.

12. (24) With assistance, place (pull/push) resistive suspect in back seat of patrol car.

13. (25) Without assistance, place (pull/push) resistive suspect in back seat of patrol car.

14. (28) Steady and assist a drunk person out of car and/or into patrol car.

15. (30) Frisk/pat down individuals for weapons or drugs by running hands over clothing.

16. (31) Use night stick or extendible baton (24") to subdue attacking resistive person.

17. (33) With assistance, use bodily force (e.g., body, foot) to gain entry through a locked door or barrier.

18. (38) Ignite and set flare pattern to mark accident area.

19. (40) Extract a person out of a vehicle who is resisting arrest.

20. (41) Apply touch pressure to control a person without injury.

BEND/STOOP/SQUAT

21. (60) Stoop/squat to look for physical evidence under seats or dash, in trunk, and under hood of vehicle.

22. (61) Stoop/squat to look under furniture for physical evidence at crime/accident scene.

23. (62) Stoop/squat to look under vehicle for evidence or suspects.

24. (64) Stoop/squat over to assist handcuffed suspect from a prone position to a standing position.

25. (65) Turn to attend to suspect/violator in back seat of patrol car when in the front seat.

26. (66) Bend/stoop to talk to person on ground or children.

RUN

27. (67) Run in pursuit of fleeing suspect.

28. (68) Run through a wooded area in pursuit of fleeing suspect.

29. (69) Run up 1 to 2 floors of stairs.

30. (70) Run up 3 to 4 floors of stairs.

31. (71) Physically restrain a combative suspect after running.

WALK

32. (73) Walk continuously to patrol.

33. (75) Walk around building and try doors to determine point of entry.

34. (76) Walk around obstacles and over uneven ground at scene.

35. (77) Walk up hills, gullies, or embankments.

36. (79) Walk in loose dirt, gravel, or mud.

37. (82) Walk up stairs.

38. (83) Walk back at angle to patrol car (15 ft.) while monitoring stopped vehicle.

STAND

39. (85) Stand and direct traffic.

40. (86) Stand for extended periods (e.g., 1–2 hours) during stakeout, surveillance, accident/crime scene, crowd control.

SIT

41. (87) Sit in patrol car during patrol on surveillance for an extended period of time (e.g., one or more hours).

42. (88) Sit for extended periods of time (e.g., one or more hours) for desk duty or court cases.

43. (89) Sit to interview victims or suspects.

DRIVE

44. (91) Drive patrol car on open road (i.e., uncongested) at high speeds in response to call or emergency.

45. (92) Drive patrol car through congested areas in response to call or emergency.

46. (93) Drive through assigned area while on duty.

47. (94) Drive in pursuit of suspect fleeing on foot.

48. (95) Perform U–turn or turn around on 2 lane roads/streets.

49. (96) Back–up patrol car on road, highway, shoulder of road.

50. (97) Pull into and out of traffic in pursuit of violator/suspect.

51. (98) Drive to emergency in adverse weather conditions (e.g., rain, fog).

52. (99) Drive to provide escort for dignitaries, funerals, or to fire scene.

53. (100) Transport prisoner/suspect to jail, hospitals, or station.

OPERATE HAND CONTROLS

54. (104) Operate keyboard on computer in station to enter/retrieve information.

55. (105) Operate radio while driving patrol car.

56. (106) Operate radio while driving patrol car at high speeds.

57. (107) Operate portable radio.

58. (108) Operate sirens and lights while driving.

59. (113) Operate hand spotlight while driving.

60. (115) Operate computer [KDT, Mobile Data Terminal (MDT)] in patrol car to enter and retrieve data.

FIREARMS

61. (118) Load and unload handgun.

62. (119) Clean handgun.

63. (120) Fire 50 rounds with handgun at target during practice or firearms qualification from all positions (stand, kneel, behind barricade).

64. (122) Fire shotgun during practice or firearms qualification or on the job.

65. (123) Draw and hold handgun on felony suspect until back–up arrives.

66. (125) Cover an area of responsibility with weapon for extended period of time.

67. (127) Discharge chemical (e.g., Capstun, pepper spray) at resistive individual (e.g., suspect).

68. (128) Confiscate weapon from suspect found during pat down.

QUICK MOVEMENTS

69. (129) Quickly get out of patrol car in response to an emergency call or to chase suspect.

70. (130) Quickly get into patrol car to pursue suspect in car or to assist another officer in an emergency.

71. (132) Block and evade blows, punches, kicks, etc., with arms, hands, or legs.

EMERGENCY PROCEDURES

72. (135) Attempt to determine the need for medical aid and the nature of the injury.

READ

73. (136) Read manuals, correspondence, investigative reports, follow–up reports, lab reports.

74. (137) Read reports consisting of short, descriptive phrases (e.g., incident reports, criminal history records, posted lists, I.D. cards, field interview cards).

75. (138) Read map to determine location of incident.

76. (139) Read legal documents, city, state, and federal laws and codes.

77. (140) Read changes to city, state, and federal laws and codes.

78. (141) Review forms (e.g., citations [traffic, misdemeanors], incident reports) for completeness and accuracy.

79. (142) Read and interpret coded material (e.g., NCIC printout, DMV drivers' records).

80. (143) Read KDT/MDT computer screen.

81. (145) Review department policies and procedures.

COMPREHEND

82. (146) Identify troublesome locations in patrol area and time of day of incidents.

83. (147) Determine whether probable cause exists to search persons or property.

84. (148) Survey crime scene and quickly gather information to immediately determine appropriate course of action (e.g., additional manpower).

85. (149) Listen to description of an incident and interpret the details in relation to the law and other factors (e.g., recent crimes).

86. (150) Differentiate between what is being said by an individual and whether it is accurate (e.g., domestic dispute, juvenile problems).

87. (151) Determine whether to issue a warning, summons, or make a custodial arrest.

88. (152) Assess the reliability of information received regarding emergency situations and criminal offenses.

89. (153) Recognize inconsistencies in suspects' behavior and verbal statements.

90. (154) Analyze and compare cases for similarity of M.O.

91. (155) Classify incidents to determine the appropriate report form to complete.

92. (158) Maintain own case files (e.g., arrests, warrants).

93. (159) Decide whether use of force and the type of force are appropriate.

94. (160) Serve warrant, subpoenas, or other court order to individuals.

95. (161) Review the performance of and provide supervision/instruction to police personnel.

96. (162) Direct the operation of police department squads, units, or platoons.

97. (164) Direct the manpower and direction of criminal investigations.

98. (165) Record locations of all evidence recovered from crime scene.

99. (166) Evaluate the importance of evidence from crime scene.

WRITE

100. (167) Maintain police notebook.

101. (168) Complete reports consisting of short descriptive phrases and/or fill in the blanks (e.g., incident report, accident report, evidence voucher, Virginia uniform summons, offense report, criminal complaint form, arrest information form).

102. (169) Complete narrative reports (e.g., incident reports, criminal complaint form, supplemental report, memos).

103. (170) Write summons for offenses (e.g., traffic, misdemeanor, parking).

104. (171) Complete reports to transfer evidence voucher to property clerk or to return property to owner and maintain property log.

105. (172) Label and safeguard evidence.

106. (173) Record interview and descriptive information obtained from suspects, witnesses, or prisoners (e.g., name, address, phone, DOB, etc.).

107. (174) Summarize information from telephone or radio call conversation.

108. (175) Sketch scene of accident or crime on accident report or in notebook.

109. (176) Takes notes on items of concern during announcements, roll call, or staff meeting.

110. (177) Correspond with dispatcher or other officers through written messages on KDT/MDT and station computers.

111. (178) Prepare court papers for presentation at trial or hearing.

112. (179) Complete affidavit and submit for search warrant.

CALCULATE

113. (180) Perform simple arithmetic calculations (add, subtract, multiply, divide).

114. (182) Inventory property and count money or items.

COMMUNICATE

115. (184) Communicate description of individuals or vehicles to officers, dispatcher, or supervisors under stressful conditions (e.g., in pursuit, officer down, witness to violent event).

116. (185) Provide accurate and factual information associated with a crime, accident, or arrest to others (e.g., officers, suspects).

117. (186) Use radio to report routine or emergency incidents and locations.

118. (187) Identify self as police officer, place suspect under arrest, and inform suspect of his/her legal rights.

119. (188) Talk to citizens to answer their questions and respond to their concerns.

120. (189) Diffuse arguments (domestic and other arguments) by talking to individuals.

121. (190) Talk armed or unarmed suspect or mentally disturbed person into surrendering.

122. (191) Talk to an emotionally tense crowd.

123. (192) Notify parents/guardians of juveniles involved in mischief or taken into custody.

124. (194) Discuss case/provide information to local Commonwealth's Attorney.

125. (195) Testify at a trial or hearing regarding the specifics of an incident, arrests made, evidence gathered, or other investigation completed.

126. (197) Use telephone to gather/exchange information with other police departments, other officers, witnesses, etc.

127. (200) Interview victims, suspects, or witnesses to gather information regarding a crime.

128. (201) Talk to victim to obtain information, provide information to victim, or provide assistance.

HEAR

129. (203) Listen for sirens from other vehicles while driving to incident scene.

130. (204) Hear an order or instruction spoken in a normal tone from a distance of 10–25 feet.

131. (205) Hear conversation over the sounds of machinery/traffic while interviewing individuals or receiving instructions at accident/crime scene.

132. (206) Listen to radios and distinguish appropriate calls.

133. (207) Identify speech and voice characteristics over the phone (e.g., sex, age, accent) while recording message accurately.

134. (208) Hear sounds that should be investigated and approximate their origin (e.g., breaking glass, gun shots, alarm, screeching tires, angry or fearful voices).

135. (209) Listen for sounds while searching an area for an individual/suspect (e.g., whispering, movement, breathing).

136. (210) Listen for traffic approaching behind your back as you are investigating an accident or talking to the driver of a stopped vehicle.

137. (211) Listen at closed door for noise or voices before entering room or building.

VISION

138. (213) Check residences, parks, and businesses to determine whether conditions appear to be in order.

139. (214) Search vehicles for evidence in trunk, under seat, under hood, etc.

140. (215) Search wooded areas for evidence, suspects, weapons.

141. (216) Search confined areas (e.g., duct work, under houses, in crawl space) for evidence, weapons.

142. (217) Search buildings/structures for evidence, suspects, weapons.

143. (218) Survey accident/crime scene from a distance while approaching in immediate area.

144. (219) Inspect accident/crime scene to identify and secure evidence.

145. (220) Inspect damage to vehicles or property involved in accidents.

146. (221) Read street signs, mailboxes, and house numbers from vehicle.

147. (222) Read license plate from a distance up to 50 feet.

148. (223) Identify model and color of vehicles from 100 feet away.

149. (224) Distinguish colors at traffic signals, signs, and registration tags.

150. (225) Use flashlight at night to read license, registration, vehicle identification number.

151. (226) Observe and report description (e.g., hair color, height, clothes) of individual from a distance of 30 to 100 feet.

152. (227) Recognize a person previously known based on description (but wearing different clothing) from a distance of 30 to 100 feet.

153. (228) Monitor the activities of a suspect (e.g., stakeout).

154. (229) Observe occupants of stopped vehicles for any unusual actions (e.g., reaching under seat, discarding material out of window, etc.).

155. (230) Determine whether a person is under the influence of drugs or alcohol by using visual cues or special equipment.

156. (232) Monitor traffic to identify driver irregularities and vehicle defects.

157. (233) Inspect patrol car and equipment to ensure proper operation of communication and emergency equipment.

158. (234) Examine suspicious vehicles or potentially dangerous situations (e.g., abandoned vehicles, downed high tension wires, fire hazards, etc.) in order to decide what action should be taken.

159. (235) Visually estimate speed of vehicles by checking speedometer and clocking with patrol car.

160. (236) Detect hazards such as faulty street lights, stop lights, etc.

161. (237) Check inventory of supplies when necessary.

162. (238) Examine unconscious person for vital signs.

163. (239) Visually inspect a non-commercial vehicle for safety and equipment violations.

MISCELLANEOUS

164. (240) Detect smells that should be investigated and approximate their origin (e.g., smoke, gas, alcohol).